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## ***WISEWOMAN Works: A Collection of Success Stories on Empowering Women to Stop Smoking***

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## ***WISEWOMAN Works***

***A Collection of Success Stories on Empowering Women to Stop Smoking***

***WISEWOMAN***

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## ***Empowering Women to Stop Smoking and to Build Healthy Hearts***

*Women who smoke have a much greater risk of having a heart attack or stroke than nonsmokers, but with the right tools and information, these women have a much better chance to kick smoking and make other healthy, lasting changes in their lives. The Centers for Disease Control and Prevention's (CDC) Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) program is designed to promote the cardiovascular health of uninsured and underinsured women 40 to 64 years of age, with a major focus on smoking cessation.*

*Over the last decade, 15 WISEWOMAN projects have been launched across the country, reaching more than 26,000 underserved women to date. The WISEWOMAN program allows women to attend smoking cessation classes, receive reliable health advice, identify important health goals, and participate in blood pressure or cholesterol screenings.*

*WISEWOMAN Works: A Collection of Success Stories on Empowering Women to Stop Smoking highlights some of the ways the WISEWOMAN program is making a difference for women smokers. These stories will demonstrate how many communities have established strong partnerships, overcome cultural and geographic health barriers, and maximized resources to expand their reach. By working together, we can help thousands more women to stop smoking and start down a path to a healthier future.*

*Julie Louise Gerberding, MD, MPH*

*Director*

*Centers for Disease Control and Prevention*

*WISEWOMAN*

# **WISEWOMAN Works**

## ***A Collection of Success Stories on Empowering Women to Stop Smoking***

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## ***Success at the Grassroots Level***

*Smoking is an important risk factor for heart disease. This publication gives you only a glimpse of the many ways that WISEWOMAN projects are helping women across the country stop using tobacco products and lower their risks for cardiovascular disease. The women in these stories are part of a much larger group of women—more than 26,000—who participate in WISEWOMAN projects funded by the Centers for Disease Control and Prevention (CDC). These stories tell of grassroots efforts that deliver WISEWOMAN services to financially disadvantaged women. This kind of grassroots-level success will pave the way for us to reach even more women in need.*

## ***How You Can Use These Success Stories***

*At the CDC, one of our roles is to serve as a broker of ideas and lessons learned. Passing on success stories such as the ones featured in WISEWOMAN Works is one way you can share information about your efforts to promote the health of women in need. In turn, as you learn about other programs' successes, you can adopt ideas relevant to your program and adapt them as needed. You can then begin to generate new ideas for your own projects. If you plan to compile success stories, here are some of the ways you can use this information:*

*n **To gain support for your successful efforts.** Success stories can help demonstrate how much your project has improved the quality of life for women, their friends, and their families. By writing your success stories in an interesting, easy-to-read style, you can provide key decision-makers with useful, relevant information they are likely to read.*

*n **To make women aware of the benefits that your program can offer.** When women see what your program has done for others, they will be encouraged and motivated as they begin to make lifestyle changes to improve their health. If you identify a participant who is a leader, you can use her success story to help other women identify with her and market your program.*

*n **To complement other sources of information.** Success stories complement quantitative data by providing rich details needed to understand how a process occurred and, more importantly, how to replicate that process. Numbers alone cannot do that. Success stories also can help you look at your program and find ways to improve the program by adopting or adapting strategies that others have used successfully. For example, you could analyze several stories to find common themes in programs that work.*

*This photo shows a smiling woman working in her flower garden.*

n **To educate others.** Stories are an excellent teaching device. Law and medical schools use case studies to support concepts described in textbooks to enhance student learning experiences, and many religious texts are based on parables. A story allows students to examine a real-life problem and its solution. They can then draw insights from something that is relevant to their lives. Capturing individual experiences helps others better understand your program and see how efforts to improve public health occur in real-world settings.

n **To recognize the accomplishments of your staff, partners, or participants.** People's accomplishments can be measured in terms of outcomes, but they can also be measured by highlighting more intrinsic qualities such as commitment, persistence, patience, and willingness to advocate for the program. Stories acknowledge that these personal efforts make a difference, motivate program staff and women taking part in the program, and can often highlight the value of partnerships.

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### ***About the WISEWOMAN Program*** ***Well-Integrated Screening and Evaluation for Women Across the Nation***

WISEWOMAN is a CDC-funded program that helps women without insurance gain access to screening and lifestyle interventions that can reduce their risk for heart disease and other chronic diseases. WISEWOMAN demonstration projects in many parts of the United States help women become more physically active, adopt healthy eating habits, lead tobacco-free lives, and target high blood pressure and high cholesterol.

In 1993, Congress authorized the CDC to establish the WISEWOMAN program. Congresswoman Rosa L. DeLauro sponsored the WISEWOMAN legislation, which expands the services offered within the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). As a result, women who qualify for NBCCEDP services are also eligible to receive WISEWOMAN services. Women who qualify for WISEWOMAN are 40–64 years old and have little or no health insurance coverage. Many women are from ethnic or minority populations and have risk factors for heart disease and stroke. WISEWOMAN adds value to the NBCCEDP by

This photo shows the smiling face of a Native woman.

n Screening women for high blood pressure and cholesterol.

n Assessing women's knowledge, attitudes, and behaviors regarding lifestyle risk factors such as sedentary behavior, unhealthy eating habits, and tobacco use.

n Conducting lifestyle interventions that promote healthy nutrition, physical activity, and smoking cessation.

n Providing appropriate medical follow-ups and referrals, as needed.

n Conducting research to determine which lifestyle interventions are most effective.

WISEWOMAN projects allow us to determine if such services are helping low-income and

*uninsured women. The first three WISEWOMAN projects, launched in 1995, were evaluated, and the findings were promising:*

*n Offering screening tests for chronic disease risk factors to women in the NBCCEDP was feasible and well-accepted by providers and participants.*

*n In some projects, participants reported reducing the fat in their diets and becoming more physically active.*

*By 2003, more than 26,000 medically underserved women participating in the NBCCEDP had received preventive services through WISEWOMAN's demonstration projects (see U.S. map on page 54). WISEWOMAN has bridged the gap to give these underserved women access to*

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*services they normally would not receive. In the success stories that follow, you will see examples of five strategies that build strong WISEWOMAN projects:*

*n Empowering and Motivating Women.*

*n Expanding Staff Capacity.*

*n Giving Access to Counseling and Medication.*

*n Responding to Women's Needs.*

*n Building Partnerships.*

*This photo shows two women, each of the women are walking on treadmills in an exercise facility.*

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## ***Empowering and Motivating Women***

*This is the photo of a smiling African American woman.*

***Success Story 1*** *Vermont Ladies First Program Helps Long-Time Smoker Stop for Good*

***Location*** *Burlington, Vermont*

***Focus*** *Empower women to improve their heart health by quitting smoking and making healthy changes in their diet.*

***Strategy*** *Ladies First staff members encouraged Brenda to quit smoking, helped her find ways to cope with nicotine cravings, and worked with her to set healthy goals for losing weight.*

***Early Successes*** *Encouragement from Vermont WISEWOMAN Ladies First staff helps women to stay focused on the benefits of quitting smoking and making healthy choices. Ladies First staff members empowered Brenda by helping her set achievable goals and letting her know they cared about her success. This support gave her the confidence she needed to quit smoking and improve her diet.*

*Brenda's commitment to giving up smoking and making healthy changes will set a powerful example for her 16-year-old daughter and her co-workers. Brenda has been smoke-free since April 2004.*

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## Vermont *Ladies First* Program Helps Long-Time Smoker Stop for Good

After smoking for more than 20 years and trying to quit twice, Brenda (not her real name) knew she wanted to stop smoking for good. Last year, she watched her stepmother die of emphysema, and then learned that a co-worker had lung cancer. Most importantly, she did not want her 16-year-old daughter to start smoking. Initially Brenda feared she would gain weight if she quit. But the Vermont *Ladies First* program gave her the support and resources she needed to quit smoking successfully.

Brenda joined the *Ladies First* program more than 2 years ago after seeing it advertised on TV. She was thrilled to be able to get free cervical cancer screening.

She did not have health insurance at the time, and she had not been getting regular health checkups because she could not afford to pay for the doctor visit.

Brenda's doctor informed her that the *Ladies First* program provides free access to a nutritionist in the local health department.

So she started working with Jeanne Lickwar, a registered dietician with the Burlington Health Department, to try to lose weight. The second time they met, Jeanne brought up smoking, and Brenda said she wanted to quit, but was not ready.

"Then I read some materials that talked about the benefits of quitting smoking," Brenda says. "I told myself 'Now I'm ready.'"

Jeanne encouraged Brenda to quit by suggesting ways she could keep her mind off smoking. She also referred Brenda to the Vermont Quit Line and told her how to participate in the QuitBucks program, which covers 100% of the cost of nicotine replacement therapy.

### **In Brenda's Words**

"I tried the Quit Line before, but nobody told me about QuitBucks. The counseling helped, but it was not enough. Getting the patch really made a big difference for me. My urge to smoke is bad sometimes, and the patch helps take the edge off. I wouldn't be able to afford it without QuitBucks.

"Jeanne made it easier for me to quit smoking. She gave me confidence and support. I've used her ideas about things to do instead of picking up a cigarette. She told me to walk at lunch, drink lots of water, and find something to do with my hands at home. I'm drawing now instead of smoking. She also kept

me focused by reminding me why it was good for my health and good for my daughter if I quit. She let me know that I had places to go when I needed help.”

### **The Vermont Ladies First Program**

In 2003, the *Ladies First* program began offering screenings for heart disease risk factors such as high cholesterol, high blood pressure, diabetes, obesity, and tobacco use. *Ladies First* allows women to learn more about heart healthy eating from a nutritionist, join a local group that helps women fit activity into their daily lives, and quit smoking with counseling and free patches or gum.

The *Ladies First* program staffers use *A New Leaf...Choices for Healthy Living* manual to guide women through lifestyle changes. They identify health issues each woman is willing to work on, and together they set reasonable and achievable goals at each visit.

### **Importance of Success**

Brenda has been smoke-free since April 2004. She is still working to lose weight, and her goal is to stay smoke-free and lose weight at the same time. Jeanne is encouraging Brenda to eat a diet based on the U.S. Department of Agriculture (USDA) guidelines, including lots of whole grains, fruits, and vegetables. Jeanne also is helping Brenda build her meals around healthy food she can afford. In addition, she is asking Brenda to eat three healthy meals a day, not one or two, and to exercise more to increase her energy expenditure. Jeanne gave Brenda a pedometer to track her activity and a walking exercise video she can use at home. Brenda is now walking 2 miles every day.

### **Lessons Learned**

n Programs like *Ladies First* are important tools for addressing risk factors for chronic diseases such as heart disease. When Brenda joined the *Ladies First* program, she was at risk for developing heart disease, because she was overweight and she smoked. Joining *Ladies First* helped her address both of these risk factors.

n Access to low- or no-cost services can encourage behavior change. Brenda learned about the QuitBucks program through *Ladies First*. Having access to free nicotine replacement therapy made it much easier for her to quit smoking.

n A supportive staff was important in helping Brenda quit smoking. The *Ladies First* staffers encouraged Brenda to quit, helped her set healthy goals, and let her know they cared about her success. This support gave Brenda the confidence she needed to quit smoking.

*Success Story 1, Vermont • 11*

*The following is a pull quote on this page:*

*“The counseling helped,*



*but it was not enough.  
Getting the patch really  
made a big difference for  
me. My urge to smoke is  
bad sometimes, and the  
patch helps take the  
edge off. I wouldn't be  
able to afford it  
without QuitBucks.”*

**—Brenda**  
**WISEWOMAN participant**

*Success Story 1, Vermont • 11*

**Success Story 2** *WISEWOMAN Uses Motivational Interviewing to Help Alaska Native Women Quit Tobacco*

**Location** *Rural Southeastern Alaska*

**Focus** *Provide women in this isolated rural area with a nicotine dependence treatment program that offers both counseling and pharmacotherapy.*

**Strategy** *The SouthEast Alaska Regional Health Consortium (SEARHC) trained staff to treat nicotine dependence, which included teaching them to use motivational interviewing as a counseling approach.*

*Nicotine replacement therapy was made available, unless contraindicated, to women actively enrolled in counseling.*

**Early Successes** *The motivational interviewing technique helps health care professionals increase clients' desire to stop using tobacco because they “want to,” rather than because they “have to.” Motivational interviewing uses a nonconfrontational style of interviewing to support clients as they explore reasons to make healthy lifestyle changes. Consequently, women may be less resistant, more apt to talk openly, and more self-motivated to quit smoking.*

*So far, 312 women have had access to the nicotine dependence treatment program. When WISEWOMAN expands in 2005, 650 women can take advantage of the program.*

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## **WISEWOMAN Uses Motivational Interviewing to Help Alaska Native Women Quit Tobacco**

When the SouthEast Alaska Regional Health Consortium's (SEARHC) WISEWOMAN project was established in 2000, few Alaska health care organizations had nicotine dependence treatment programs. After years of trying to help people quit smoking—without much success—many health care providers did not know how to address the problem. WISEWOMAN staff members established a quit tobacco program and helped convince people that they can change their unhealthy habits. WISEWOMAN Director Nancy Knapp places a high priority on addressing tobacco use in the Alaska panhandle, where more than 40% of the 6,000 Native women use tobacco. She made sure staff members were trained to deliver nicotine dependence treatment counseling and pharmacotherapy in the largest WISEWOMAN clinics. WISEWOMAN sent four health educators to the Mayo Clinic and the University of Massachusetts, where they learned to treat nicotine dependence and learned about the technique of motivational interviewing. The motivational interviewing approach is based on the core belief that the capacity and potential for behavior change is within every person, and that people are more motivated to change when change is based on their own decisions and choices, rather than an authority figure telling them what to do. WISEWOMAN placed the trained staff at clinics in Sitka, Juneau, Haines, and Klawock. In Sitka, staff established and tested a nicotine replacement therapy protocol. Any new WISEWOMAN enrollee who was a tobacco user received cessation counseling supported by pharmacotherapy. Women in counseling met with a nicotine dependence counselor, then received follow-up by phone or in person. Women receiving nicotine replacement therapy checked in with the counselor at least once every 2 weeks to continue receiving the medication. In all four clinics, motivational interviewing enabled WISEWOMAN staff to help Alaska Native women quit smoking cigarettes and chewing tobacco. Because of limited staff time, WISEWOMAN staff were trained to conduct brief motivational interviewing. As a result, counselors help clients explore their ambivalent feelings toward tobacco and the role it plays in their lives. The staff member and the client then discuss how the client can make informed choices. If she wants to quit, further support is offered.

“The emphasis on listening makes this communication model ideal for use with the women we serve,” Nancy says. “In the Native culture, you ask questions differently and you wait longer for a response. The motivational technique requires you to really take the time to listen to people and to respect the decisions they have made for their lives, and that's why we invested in the training.”

Lynda Koski, a patient educator at the Juneau clinic, believes in the technique and tries to use it whenever she works with

WISEWOMAN participants. “As a nurse, I was taught years ago that my role was to give patients health education and hope they would make healthy changes,” Lynda says. “Yet we know from experience that people do not really make changes unless that change comes from within. This technique allows us to help them find the motivating factor that will help them change. We ask them what they think they should do, and we listen.”

When talking with a woman about her use of tobacco, Lynda helps identify the biggest barriers to quitting, then asks her to brainstorm about ways she can overcome these barriers and to think about the benefits of quitting. She reminds the woman of these benefits later to keep her motivated. Many participants have not commented on her use of motivational interviewing. “But I see a difference. Often women come in with their defenses up because they expect me to tell them what to do. When I use this technique, I see their defenses drop a bit. They are more ready to talk.”

### **Importance of Success**

WISEWOMAN staff members were the pioneers in providing nicotine dependence treatment services in Alaska. Today there is a high demand for cessation counseling among WISEWOMAN participants, more than a fourth of whom use tobacco.

Over 300 women have access to services that will help them quit using tobacco and improve their heart health. When WISEWOMAN expands in 2005, project staff anticipate that they can provide tobacco use cessation support to 650 women.

### **Lessons Learned**

- n Recognize the important role that communication styles play in addressing tobacco use.

- n When using the motivational interviewing technique, be prepared for a potentially challenging transition. The counseling technique requires health workers to use an approach that can be quite different from the one they originally were trained to use. Encourage staff members to take refresher courses in motivational interviewing and to continue using the skills that they learn.

- n If possible, train all of your providers to use the motivational interviewing technique together. Providers can share stories, successes, and support with one another.

This picture shows a mother-daughter nursing team at the SEARHC/Mt. Edgumbe Hospital in Sitka, Alaska, and indicates that they are grateful for the quit tobacco initiatives now available to women.

*Success Story 2, Alaska • 13*

### ***Success Story 3 Alaska's Southcentral Foundation Engages Women to Learn About Tobacco Risks***

***Location*** Anchorage, Alaska

***Focus*** Motivate women to stay engaged in classes that educate them

*about the health risks related to tobacco and the resources that will help them quit using it.*

**Strategy** WISEWOMAN staff solicited participants' input, and redesigned its lifestyle intervention classes accordingly. The classes are now less formal. They include a video developed for American Indians to encourage tobacco cessation, educational games, and a chance for women to share their personal experiences.

**Early Successes** The women appear to enjoy playing the educational games. They also seem to concentrate more on the information being presented to them. As the women listen to other class participants tell stories about quitting smoking, they realize quitting is not easy, but it can be done. Listening to others' stories also encourages women to share their own trials and successes.

Participants who use tobacco have a better understanding of how it affects their health. Nonsmokers learn about resources that can help their partners, children, and family members quit.

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## Alaska's Southcentral Foundation Engages Women to Learn About Tobacco Risks

know that smoking and chewing tobacco present health risks. But often those who use tobacco do not want to hear about its dangers, and those who do not use tobacco aren't interested because they think the information does not pertain to them. Southcentral Foundation's *Traditions of the Heart* program addresses tobacco use as part of its lifestyle intervention, a 12-week program that integrates nutrition, physical activity, stress management, and tobacco information.

Women attend a 2-hour class each week. The staff realized that the tobacco information classes were not popular.

They feared women would avoid the classes or quit the intervention altogether, and miss learning about nutrition, physical activity, and stress management.

Southcentral Foundation decided to revamp

its tobacco information classes to keep participants coming back by developing new ways to give women information about both tobacco-related risks and the resources available to help them quit using tobacco.

Staff asked participants to complete program evaluations, which identified the women's dislike for the tobacco information component. The evaluation showed the women preferred a less formal environment, one where the instructor interacts with participants, and participants can share their personal experiences with the group. Now three of the favorite components of the tobacco information sessions are watching a video, sharing quitting stories, and playing games. The video "It is your life," produced by the Center for American Indian Research and Education, was developed specifically for American Indians as a tool to encourage tobacco cessation. Participants often identify with the people in the video and thus share their own stories or stories of family members who have successfully quit using tobacco.

An entire tobacco class is dedicated to sharing personal stories.

In sharing, women realize that it is not an easy task to quit smoking, but it can be done, and they often are open to sharing their own trials and successes with tobacco cessation.

If a woman decides she wants to quit using tobacco, staff members refer her to the Southcentral Foundation Tobacco Cessation program and provide information about the state QuitLine and other local resources.

Perhaps the biggest change in the class format based on participant input was an increased emphasis on fun. Many participants enjoy playing bingo, so the staff created R-I-S-K-Y Bingo. Each woman is given a card with phrases or terms such as "asthma in children," "kidney cancer," and "esophagus cancer" printed on them. The staff members read the correct corresponding term on her card, she gets to cover a square.

"The games work well because the ladies concentrate more," Southcentral Foundation Dietitian Diane Russo says. "They can be active participants, which is more interesting to them. They love playing the games and it reinforces the information we are sharing with them." Bingo was such a hit that one participant suggested using another game to

relay tobacco information. Soon Tobacco Jeopardy was developed. The women in the class divide into two teams and compete by answering questions from categories like "Odds and Ends" for \$200.

Tobacco Roulette was also added to the class repertoire.

Developing the games was easy. Staff used information about the risks of tobacco use and the benefits of quitting from online resources such as the American Heart Association and the Alaska Tobacco Control Alliance. The only costs were the time to design the game materials and the money to laminate game pieces, mount game boards, and buy prizes.

### **Importance of Success**

Women still rate the tobacco component as their least favorite part of the 12-week *Traditions of the Heart* program, but now they attend, participate, and have a better understanding of ways in which tobacco use harms their health. When staff hand out the cigarette calculators that show how much it costs to smoke a pack a day for 1 year, 2 years, or 5 or 10 years, most of the women gasp. They are stunned to see examples of all the other things they could buy with that money. Even the women who are not tobacco users benefit from the program. They now have ideas to help motivate their partners, children, and other family members to quit.

### **Lessons Learned**

- n Listening to what participants want and changing the program accordingly can make a big difference in class attendance and participation. Fun and interactive games can improve participants' acceptance of classes.
- n Sharing personal stories encourages women to tell their own stories of struggle or accomplishment and demonstrates that it is possible to quit using tobacco.
- n It is important to convey messages without intimidating those who use tobacco products. Instructors who do not judge tobacco users contribute to the success of the program, particularly in a group session where women may feel vulnerable.

The pull quote on this page says:

*“They love playing the games, and it reinforces the information we are sharing with them.”*

—Diane Russo

**Dietitian**

**Southcentral Foundation**

*Success Story 3, Alaska • 15*

## ***Expanding Staff Capacity***

The picture on this page shows two women sharing their excitement as they are pointing to a computer screen.

***Success Story 4*** *South Dakota Partners with an Expert to Help Women Quit Smoking*

***Location*** *South Dakota*

***Focus*** *Help South Dakota women to quit smoking by making one-on-one cessation counseling available and easily accessible.*

***Strategy*** *All Women Count! partnered with an expert to teach health educators about the state quit line and the 5 A's and 5 R's, recommended in the U.S. Department of Health and Human Services (HHS) guidelines, Treating Tobacco Use and Dependence: A Clinical Practice Guideline. By training these educators across the*

*state, WISEWOMAN will be able to provide All Women Count! participants with smoking cessation counseling services at health clinics and refer them to the state quit line.*

**Early Successes** *The trainer, a health educator at the Sioux Valley clinic, started a successful tobacco cessation program two years ago. She will share her expertise with health educators by leading them through the step-by-step process of helping women to quit smoking. Once trained, these health educators will train others in their clinics to use the cessation guidelines. By summer 2005, at least one health educator in each of the 259 All Women Count! clinics across the state will be trained to use the 5A's and the 5R's.*

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## South Dakota Partners with an Expert to Help Women Quit Smoking

In the South Dakota WISEWOMAN program, known as *All Women Count!*, almost 42% of participants smoke tobacco, giving the program one of the highest smoking rates of all WISEWOMAN programs. The 259 *All Women Count!* clinics are spread across the state's 77,000 square miles. Many of these clinics are far from the nearest city, and few, if any, can afford to hire a tobacco cessation specialist. Yet WISEWOMAN Project Director Norma R. Schmidt wanted women to have access to cessation counseling at the same place they receive their health care. So she decided to partner with an expert, Melissa Magstadt, to make one-on-one counseling available in WISEWOMAN clinics across the state.

Melissa works as an *All Women Count!* health educator in the Sioux Valley Clinic. Two years ago she started *It's Time to Quit*, a program based on the U.S. Department of Health and Human Services' (HHS) *Treating Tobacco Use and Dependence: A Clinical Practice Guideline*. Since then, Melissa has used

this program to help South Dakotans quit smoking.

The HHS guidelines recommend that cessation counselors use the 5 A's and 5 R's. Counselors who follow them

- n Ask the woman if she is a chew tobacco user or smoker.

- n Assess how willing she is to quit.

- n Advise her to quit.

- n Assist her in quitting.

- n Arrange follow-up care for her.

The 5 R's refer to motivational interventions for those unwilling to quit at the time. It gets smokers to identify the personal issues related to their tobacco use. The educator helps the woman identify the Relevance, Risks, and Rewards smoking holds for her, and the Roadblocks to quitting, all while using Repetition to reinforce a motivational message.

In the Sioux Valley Clinic, use of the HHS guidelines has brought positive results.

"There is a heightened awareness of smoking as a health issue," Melissa says. "Our doctors are more aware of who smokes, and they are advising more people to participate in my smoking cessation program."

*All Women Count!* will soon benefit from Melissa's expertise.

She is developing a training module based on the HHS guidelines for the health educators who work at the program's clinics. The first step is to train educators from seven program clinics. After evaluating the pilot training and making the necessary adjustments, she will train the remaining 252 educators—one from each South Dakota *All Women Count!* clinics.

Melissa will give educators a quit smoking manual and teach them how to guide a woman through the quitting process step by step. The educators will be taught about the history of addiction, how and why nicotine replacement therapy (NRT) is helpful, how to deal with specific behavioral issues, such as identifying the pleasurable things a woman gets from smoking, motivating a woman to set a 2-week quit date and keep it, and teaching a woman to deal successfully with her personal roadblocks.

Most importantly, Melissa will pass on what she has learned while helping women to quit smoking. "Two lessons stand out. I've learned how important it is to help a woman deal with what triggers her to smoke, be it coffee in the morning or anxiety, and to help her develop alternative coping methods. I've also discovered that support systems are very important to women. In my training, I've expanded the focus on these two issues."

Whether or not the women receive counseling at the health clinic, they are told about the South Dakota QuitLine, where they can receive free counseling and NRT. The QuitLine covers 50% of NRT costs; the women are responsible for the other 50%. Because NRT increases the likelihood that smokers will



successfully quit, women are often encouraged to use it.

### **Importance of Success**

By the summer of 2005, all WISEWOMAN clinics in South Dakota will have at least one educator trained to use the 5 A's and 5 R's and refer tobacco users to the QuitLine. Once trained, these health educators will be able to train others in their clinic. Each participant in *All Women Count!* will then be able to get free smoking cessation counseling at the same place where she receives her health care.

### **Lessons Learned**

- n If you do not have the ability to offer tobacco cessation services, identify an expert, possibly someone locally, who can train staff and establish program protocol so you can assess needs, document program efforts, and offer counseling to all tobacco users.

- n Take advantage of other resources in the state, such as the Quitline.

- n Know where you can refer tobacco users for NRT.

The logo featured on this page pictures a heart above the words Sioux Valley Clinic, Watertown

*Success Story 4, South Dakota • 19*

### **Success Story 5** *WISEWOMAN and Alaska Native Partners Build Support for Nicotine Dependence Treatment*

**Location** *Rural Southeastern Alaska*

**Focus** *Encourage health care providers to consider nicotine dependence as a treatable health condition worthy of funding by the Alaska health care system.*

**Strategy** *After developing a standardized nicotine dependence treatment program, the SouthEast Alaska Regional Health Consortium (SEARHC) partnered with other Alaska Native health organizations to document both the need for a treatment program and its effectiveness.*

**Early Successes** *The new treatment program, called "Breath for Life," has earned recognition from SEARHC's executive management. By collaborating with other Alaska Native health organizations, SEARHC hopes to demonstrate the value of the program to the Alaska Tobacco Control Program and potential funders. The program is still in its infancy. Data will be analyzed in spring 2005, and an analysis of quit rates, quit attempts, staffing used, and the reach of the program will be done.*

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## **WISEWOMAN and Alaska Native Partners**

# Build Support for Nicotine Dependence Treatment

Forty percent of Native women living in the Alaska panhandle use tobacco. Although the U.S. Department of Health and Human Services considers tobacco dependence a chronic condition, unlike hypertension, it is not eligible for reimbursement by most public and private insurance. Lack of payment is one reason that the SouthEast Alaska Regional Health Consortium's (SEARHC) WISEWOMAN project did not have a nicotine dependence treatment program before 2000. WISEWOMAN Director Nancy Knapp worked with other advocates within SEARHC and within the state of Alaska to establish a standardized treatment program. Now SEARHC is working with other Alaska Native health organizations to document the need for such a program and its effectiveness. Her goal is to secure future ongoing funding for the program. Nancy believed it was critical for SEARHC to strengthen its ability to address tobacco use. She wanted to set a precedent for providing this service at the clinic level and ensure that all WISEWOMAN staff received the training and the time to start offering support for tobacco users. Then SEARHC Community Health Services staff applied to the American Legacy Foundation (ALF) for a capacity-building grant that funded a full-time staff person to further integrate nicotine dependence treatment into SEARHC clinic practice. With a staff person to analyze the complex health care systems involved, facilitate referrals and the provision of pharmaceuticals, flag charts, and integrate the necessary forms, SEARHC was able to start a quit tobacco program called "Breath for Life." Soon after SEARHC applied for the ALF grant, they applied for state Master Settlement Agreement (MSA) funds to hire a part-time nicotine dependence treatment specialist to augment the services offered by WISEWOMAN. The funds covered staff costs and connected the WISEWOMAN program with other Alaska Native health organizations that had received MSA funds.

To receive additional funding for the quit tobacco program, good data would be needed to prove the program's effectiveness. SEARHC partnered with the Alaska Native Tribal Health Consortium, Yukon-Kuskokwim Health Corporation, Bristol Bay Area Health Consortium, Kodiak Area Native Association, Tanana Chiefs, and Southcentral Foundation to analyze the costs and benefits of establishing a nicotine dependence treatment program.

The Tribal Health Consortium coordinated the group's efforts. The organizations together created educational materials that were appropriate for the Alaska Native population, standardized data collection forms, and developed a database to track each organization's efforts to help their clients quit using tobacco. After analyzing the data in spring 2005,

consortium staff will deliver an analysis of quit rates, quit attempts, staffing used, and the reach of each program. The organizations will use these results to justify the need for nicotine dependence treatment and to document the success of their efforts. “By standardizing our data and using this database, we can give our program more credibility,” Nancy says. “The collaboration is helping us prove the value of nicotine dependence treatment. We can all use the data to demonstrate to legislators and other funders that we’re making good use of their money.”

Nancy and other SEARHC advocates for the program will use the data to reach SEARHC management, the Alaska Tobacco Control Alliance, and funders such as the American Legacy Foundation. “We will need support from all of them to help us sustain and expand these programs,” she says. The program has received some funding for medications. “Right now we do not receive reimbursement from Alaska Medicaid for tobacco treatment, but we hope to soon. We want to legitimize nicotine dependence treatment so that it is reimbursed the same way other medical treatments, such as those for hypertension, are reimbursed.”

### **Importance of Success**

By building partnerships between WISEWOMAN and other community health services, Nancy has made great progress in legitimizing nicotine dependence as a treatable condition, worthy of funding by the Alaska health care system. The quit tobacco program has earned recognition from SEARHC. The organization’s executive management recently awarded recurring funding for nicotine replacement therapy and will consider fully funding a comprehensive program to treat nicotine dependence. The program is expected to cost the organization about \$300,000 per year.

### **Lessons Learned**

- n Collect and use data to demonstrate the value of your programs and convince health care administrators to commit resources to these programs. Create partnerships with organizations willing to standardize data collection methods and share numbers. This can strengthen evidence that cessation programs are necessary and effective.

- n Be realistic about how resources are allocated in the health care system. Often it takes many people speaking with one voice to get funding for nicotine dependence treatment programs.

- n Work with other organizations that want to help citizens live tobacco free to identify and deliver consistent messages. It may strengthen and reinforce your key messages.

The picture on this page is of a mother wearing Tlingit tribal regalia to show her support for raising tobacco-free children—a tribal tradition that is important in Sitka, Alaska.

## ***Giving Access to Counseling and Medication***

The picture on this page is of an Asian woman holding a prescription bottle.

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***Success Story 6 Partnership Provides Nicotine Replacement Therapy to Vermont Women Who Need It Most***

***Location*** Vermont

***Focus*** Help uninsured and underinsured women quit smoking by referring them to the state's Quit Line and to the QuitBucks program, which provides coupons for free nicotine replacement therapies.

***Strategy*** The Vermont WISEWOMAN program, Ladies First, partnered with the Vermont Tobacco Control Program (TCP) to make sure all Ladies First members have access to QuitBucks coupons, regardless of insurance status.

***Early Successes*** By collaborating with TCP, Ladies First staff avoided duplicating other smoking cessation programs. TCP is recognized as expert in communicating with low-income Vermont citizens about the importance of quitting smoking, and Ladies First was able to capitalize on that expertise. All Ladies Firstmembers now have access to QuitBucks coupons and free nicotine replacement therapy.

Next year Ladies First plans to screen 2,700 women. If the smoking rate in this group is similar to the rate among Vermont women overall, approximately 510 low-income underinsured Vermont women could benefit from this collaborative program.

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## **Partnership Provides Nicotine Replacement Therapy to Vermont Women Who Need It Most**

In October 2002 the Vermont WISEWOMAN program, Ladies First, published an article about smoking cessation in its award-winning magazine *Women's Matters*, now titled *Healthier You*. The quarterly magazine, published by the Vermont Department of Health, provides 4,500 Ladies First members with important program and screening information and examples of how other Ladies First members have made changes to their lives that make them feel better and live

heart healthy lives. The article promoted the state's Quit Line and its QuitBucks program, which provides eligible Vermont citizens with coupons for free nicotine replacement therapies, such as the patch, gum, or lozenges. At that time, the only people eligible for QuitBucks were those who were uninsured or had Medicare or the Vermont Health Access Plan (VHAP), a state health plan for low-income residents.

All *Ladies First* members qualify as low-income, but some have private insurance and are considered underinsured. The *Ladies First* staff wanted to make sure all *Ladies First* members would have access to the QuitBucks coupons, regardless of their insurance status.

To ensure that all *Ladies First* members, uninsured and underinsured, would have access to the QuitBucks coupons, *Ladies First* partnered with the Vermont Tobacco Control Program (TCP). The two programs already had a strong, established relationship. In the past, staff from TCP had contributed to *Women's Matters* by writing an article about smoking cessation. Most importantly, TCP is recognized for its expertise in communicating with low-income Vermont citizens about the importance of quitting smoking. By collaborating with TCP, *Ladies First* staff did not spend time creating a smoking cessation program that duplicated what the state offered. Instead they worked to ensure that QuitBucks coupons would be available to all low-income women, who are more likely than other women to smoke and to have overall poor health.

Barbara Moeykens, the TCP social marketing specialist, presented to the chief of the Vermont TCP the concept of expanding QuitBucks coverage to all *Ladies First* members, regardless of insurance status. She pointed out that *Ladies First* shared TCP's goal of helping low-income women. She also explained that both programs would miss the chance to serve this population if a change in policy was not made.

"By expanding QuitBucks coverage to all *Ladies First* members, regardless of insurance status, we estimated that approximately 510 women could potentially benefit from this policy change," she noted. The TCP chief decided that the benefits of the proposal outweighed the costs. She then took this recommendation to the Vermont Health Commissioner who approved the proposal to allow all *Ladies First* members to be eligible for QuitBucks.

To receive the QuitBucks coupons, *Ladies First* members must either call the state's toll-free Quit Line or speak to a local tobacco cessation coordinator (one is located at each Vermont hospital).

Women are required to participate in counseling to receive the coupons.

The QuitBucks program has made a difference for women like Brenda (see

Success Story 1 on page 11). A smoker for 20 years, Brenda has been smokefree since April 2004. She relies on a lowdose patch to help curb her urge to smoke—and on the coupons that help cover her costs. “The QuitBucks money has made a big difference to me. I do not qualify for any help like Medicaid, but I still have bills to pay that are bigger than my paycheck.”

### **Importance of Success**

All *Ladies First* members now have access to free nicotine replacement therapy. Next year, *Ladies First* plans to screen 2,700 women. If the smoking rate in this group is similar to the rate among Vermont women overall, 510 low-income, underinsured Vermont women could benefit from this collaborative program.

### **Lessons Learned**

- n Strengthen your smoking cessation program by collaborating with other programs to avoid duplicating services that help women quit smoking.
- n Look for ways to capitalize on the expertise of other programs that communicate successfully with your target audience.
- n Question public health policies that can prevent women from receiving smoking cessation services. Advocate for making services available to WISEWOMAN participants, and be prepared to educate decision-makers about why these services are necessary.

The pull quote on this page says:

*“By expanding QuitBucks coverage to all Ladies First members, regardless of insurance status, we estimated that approximately 510 women could potentially benefit from this policy change.”*

—Barbara Moeykens  
Social Marketing Specialist  
Vermont Tobacco Control Program

*Success Story 6, Vermont • 25*

### **Interventions for Tobacco Users**

#### **Location** *Massachusetts*

**Focus** *Help women quit smoking by offering them tobacco cessation counseling options and nicotine replacement therapy (NRT) free of charge.*

**Strategy** *The WISEWOMAN staff at the Department of Public Health partnered with the Massachusetts Tobacco Control Program and the*

*University of Massachusetts (UMass) Medical School to find ways of making counseling and NRT available.*

**Early Successes** *By coordinating with the Massachusetts Tobacco Control Program and the UMass Medical School, the WISEWOMAN program had access to valuable staff training. WISEWOMAN risk reduction educators are now conducting the 5 A's and referring women when applicable to either the QuitWorks program for phone counseling or to a certified tobacco treatment specialist for individual counseling with NRT or group counseling with NRT. This partnership also has enabled the WISEWOMAN program to play a significant role in statewide efforts to help women quit smoking. WISEWOMAN is now one of several public health programs engaged in the statewide Partnership for a Heart Healthy and Stroke Free Massachusetts, which strives to ensure that the QuitWorks program is offered statewide.*

*Both counseling services and the nicotine replacement therapy have been available for a short time only. The WISEWOMAN program plans to evaluate the impact of these services after collecting a complete year of data.*

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## Massachusetts Partners Offer a Continuum of Treatment Interventions for Tobacco Users

In July 2004, the Massachusetts WISEWOMAN Program began offering tobacco cessation counseling options and nicotine replacement therapy (NRT) free of charge to its participants.

Three years ago, WISEWOMAN routinely referred its tobacco users to 85 local tobacco treatment programs funded by the Massachusetts Tobacco Control Program (MTCP).

These programs offered group and individual counseling and NRT for free or at a reduced cost to all state residents.

As the MTCP budget decreased, these programs had a difficult time staying open. In 2003, the MTCP budget was reduced by 90%, and funding was eliminated for all local face-to-face tobacco treatment programs. Only a few of these programs still operate today, and most charge fees that are not affordable for many WISEWOMAN participants. However, the MTCP has managed to maintain its Try to Stop Resource Center, which houses a quit line, an interactive web site for smokers, and the QuitWorks program.

The QuitWorks program links both health care providers and their patients who smoke to a toll-free quit line that provides telephone

counseling free of charge.

Despite these resources, the smoking rate in 2000 among low-income women aged 40 to 64 exceeded 40%. WISEWOMAN staff predicted that smoking rates for WISEWOMAN clients would be similar. In 2003, the WISEWOMAN staff at the Department of Public Health, the MTCP staff, and the University of Massachusetts (UMass) Medical School embarked on a new partnership to develop a plan for finding resources to fund tobacco treatment services for WISEWOMAN participants. This new plan included strategies for providing WISEWOMAN participants with smoking cessation counseling and free nicotine replacement therapy.

The UMass Medical School developed a full-day training session for all WISEWOMAN risk reduction educators and case managers. Attendees learned how to use the 5 A's (Ask, Assess, Advise, Assist, and Arrange). The session also covered the QuitWorks program and the basics of pharmacotherapy. WISEWOMAN risk reduction educators now use the 5 A's to refer WISEWOMAN clients to appropriate smoking cessation interventions. If a WISEWOMAN client says she smokes and wants to quit, the risk reduction educator will refer her to an individual or group counseling session provided by tobacco treatment specialists. All tobacco treatment specialists are certified through a rigorous UMass training program. After face-to-face counseling, clients can receive free NRT (1 week's supply at a time). They must revisit the specialist to receive an additional supply. WISEWOMAN participants thus receive the most effective help available to quit smoking: a combination of behavioral counseling and NRT.

If a WISEWOMAN client uses tobacco but is not ready to quit, is unable to attend face-to-face counseling sessions, or prefers telephone counseling, she is referred to the QuitWorks program. The QuitWorks counselor will call her, provide telephone counseling, and help her determine the next steps toward quitting. A report on her progress is sent to her referring provider and to the WISEWOMAN risk reduction educator. The educator is then able to reinforce progress she has made toward quitting.

The UMass Medical School facilitated the purchase of NRT (patch, gum, and lozenge). The lozenge was a new option for women unable to use gum due to dental work or dentures. WISEWOMAN provided scholarships for health professionals seeking tobacco treatment specialist training and certification. "WISEWOMAN covered the cost of certification for two bilingual tobacco treatment specialists," WISEWOMAN Director Mary Lou Woodford says.

"These two specialists are able to provide tobacco treatment services where no services were previously available."

### **Importance of Success**

WISEWOMAN coordinators at all seven clinics are thrilled by the new program, because it offers women immediate access to smoking cessation counseling and NRT. Moreover, because of this partnership with the MTCP and the UMass Medical School,



WISEWOMAN is now one of several public health programs that engage in work with the Partnership for a Heart Healthy and Stroke Free Massachusetts. This coalition of private and public partners strives to ensure that the QuitWorks program is offered statewide. Through this partnership, the Women's Health Network is now able to offer QuitWorks phone counseling services to all Breast and Cervical Cancer Program participants as well.

### **Lessons Learned**

n Partnerships offer win-win situations that make it possible for programs to expand their resources. They can also open the door to many opportunities. All programs should investigate the opportunities to work with private and public agencies and organizations.

n Many states are developing statewide cardiovascular health plans. Learn about your state's plan and look for ways you can partner with these initiatives to help WISEWOMAN participants.

n When training clinicians to incorporate the 5 A's into their services, partner with a college or university in your state that has proven its ability to train clinicians to use the counseling method.

The logo on this page shows silhouettes of the faces of two women inside of two wavy broken circles.

*Success Story 7, Massachusetts • 27*

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#### ***Success Story 8 Voucher Is Key to Helping Iowa Women Quit Smoking***

##### ***Location Iowa***

***Focus*** Empower women to quit smoking by connecting them to smoking cessation programs and giving them a way to pay for these services.

***Strategy*** The Iowa WISEWOMAN partnered with the state's Tobacco Control Program to identify smoking cessation services statewide. Staff started a referral program that connects women who smoke to smoking cessation programs near their homes and designed a Stop Smoking Voucher to give women a simple way to cover the costs of services.

***Early Successes*** WISEWOMAN participants may use the \$80 vouchers to join a contracted program at any time during the year following their enrollment. The vouchers give WISEWOMAN coordinators a way to start talking about smoking cessation without putting women on the defensive.

The Iowa WISEWOMAN program has provided Stop Smoking Vouchers to 410 women. By the end of June 2004, 38 women had cashed in their vouchers.

Women have access to a variety of resources through the vouchers, including quit lines, one-on-one counseling, and organized classes. These programs give them the support they need to learn the coping skills that will help them quit smoking successfully. By identifying existing smoking cessation programs, the WISEWOMAN program was able to support women in their efforts to quit smoking

*without duplicating services.*

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## Voucher Is Key to Helping Iowa Women Quit Smoking

The Iowa WISEWOMAN program struggled to decide who would provide smoking cessation services in each of the 15 program sites. “We felt we could make the biggest impact on women’s heart health by focusing on nutrition and physical activity. But because smoking is one of the major causes of heart disease, we wanted women who smoked to have the best chance to quit,” says Program Coordinator Sandra J. Ryan, MS, RD, LD. The planning team decided not to include smoking cessation services in its nutrition and physical activity intervention, but to refer participants to existing services in or near WISEWOMAN program counties.

After much discussion and investigation, the Iowa WISEWOMAN program started a referral service by contracting with existing smoking cessation providers.

When a woman who smokes enrolls in the Iowa WISEWOMAN program, staff members refer her to a contracted local smoking cessation program. Program costs are covered by WISEWOMAN through the Stop Smoking Voucher.

Before participants could be referred for services, the WISEWOMAN staff needed to know what resources were available. They partnered with the state’s Tobacco Control Program and local agencies, such as county extension offices, hospitals, and public health agencies, to develop a list of smoking cessation programs near each local WISEWOMAN program site. They found that communities provide a wide variety of services: quit lines, one-on-one counseling, nicotine replacement therapy, and organized classes are just some examples.

“We found that each local program was designed to be effective for that specific community,” Sandra says. “The agency offering a program—often not a medical agency—knew what worked best and what did not work. By partnering with these providers, we were giving women access to the most effective services in their communities.”

WISEWOMAN staff designed the Stop Smoking Voucher as a discreet, simple way to cover the costs. All WISEWOMAN

participants who smoke receive an \$80 voucher. They may choose to use it to join a contracted program at any time during the year following enrollment. Providers in all 15 sites agreed to provide their usual services (classes or one-on-one counseling) for the \$80 payment. When a voucher is presented, the provider adds the correct name and address and mails it to the WISEWOMAN billing contractor for reimbursement. The voucher is a bifold brochure that fits easily into a woman's purse. It explains how a woman's body will change over time after she stops smoking. By listing the health benefits she will reap 1 month, 1 year, 5 and even 10 years later, the WISEWOMAN program hopes to encourage each participant to quit. The participant's WISEWOMAN enrollment date and a proposed counseling session date and time are written on the voucher.

Black Hawk County WISEWOMAN Coordinator Gabbi DeWitt says the voucher gives her a way to open the door to talk about smoking. "I'm not telling them they have to quit smoking, just that I have a voucher that gives them an option to quit smoking in the next year. That way, I take myself out of the 'preaching' group that might include their family, friends, and doctor who may be harping on them to quit."

WISEWOMAN participants who have used the voucher seem to like it. It connects them to a program where they can get support to kick the habit, materials to take home, or other services. Many of the participants who unsuccessfully tried to quit smoking on their own did not learn coping skills. The counseling sessions teach these skills.

### **Importance of Success**

The Iowa WISEWOMAN program has provided vouchers to 410 women, or 30.6% of the total Iowa WISEWOMAN population to date. At the end of June 2004, 38 women—almost 10%—had cashed in their vouchers by attending sessions. The vouchers allow women to attend sessions near home and to receive services from experts. The referral system is flexible. If a WISEWOMAN participant does not use her voucher within a year, she is issued a new voucher when she enrolls in WISEWOMAN the next year.

### **Lessons Learned**

n Smoking cessation methods may vary from one community to another. Learn which services are available for women who want to quit smoking and how WISEWOMAN participants can access them. Partner with existing programs when possible and avoid duplicating services.

n Many communities have smoking cessation programs that are free or subsidized by grants. Be careful not to supplant funds (pay twice) by using the voucher. A counseling program that is free to other community residents should be free to WISEWOMAN participants.

n For a woman to successfully quit smoking, she must decide for herself to change the behavior. It is important to

encourage women to stop smoking and to give them the flexibility of choosing the best time to participate in a cessation program.

The pull quote on this page says;

*“I’m not telling them they have to quit smoking, just that I have a voucher that gives them an option to quit smoking in the next year.”*

—Gabbi DeWitt

**Black Hawk County**

**WISEWOMAN Coordinator**

*Success Story 8, Iowa • 29*

## ***Responding to Women’s Needs***

The picture featured on this page is a close up of a smiling African American woman wearing a head wrap.

***Success Story 9 Nebraska WISEWOMAN Program Tailors Smoking Cessation Intervention to the Women It Serves***

***Location*** Nebraska

***Focus*** Provide Every Woman Mattersparticipants with a lifestyle intervention program that includes a tobacco cessation concentration in addition to the concentrations focusing on nutrition and physical activity.

***Strategy*** Every Woman Matterspartnered with the Tobacco Free Nebraska Program to identify community resources that help women quit smoking and to determine which of these resources is most helpful. Every Woman Mattersthens hosted a series of focus groups to solicit women’s input face-to-face about smoking cessation services and other lifestyle interventions.

***Early Successes*** Every Woman Mattersplans to use the focus group research to improve its lifestyle interventions and related materials. By partnering with the Tobacco Free Nebraska Program and an independent contractor, Every Woman Matterswas able to determine ways to better serve its clients.

Both Every Woman Mattersand the Tobacco Free Nebraska Program will be able to use the focus group research to improve smoking cessation services.

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# Nebraska WISEWOMAN Program Tailors Smoking Cessation Intervention to the Women It Serves

By talking with women face-to-face and soliciting their opinions about smoking cessation programs, Nebraska is gathering valuable information that will strengthen lifestyle interventions and help in the development of educational materials to help women quit smoking.

Tobacco cessation is just one area of focus within the lifestyle intervention component of Nebraska's *Every Woman Matters* Program. The *Every Woman Matters* Program integrates the WISEWOMAN component as well as breast and cervical screening services under one name. Nutrition and physical activity are also an area of concentration for women participating in the WISEWOMAN screening and intervention activities. Staff from several outreach agencies contact women to engage them in the intervention process, contacting them for 6 consecutive months. Monthly contacts serve as an opportunity to offer encouragement, to promote goal setting, and to ensure clients are accessing all of the benefits offered by the *Every Woman Matters* Program.

When the Nebraska Tobacco QuitLine lost funding and was no longer available in May 2004 to serve WISEWOMAN participant smoking cessation needs, *Every Woman Matters* turned to a long-standing partner, the Tobacco Free Nebraska Program. Both partners agreed on the need to help women quit smoking but wanted to ask their clients which cessation resources would be most helpful. In addition, *Every Woman Matters* wanted client input to help strengthen core public education and intervention activities.

They opted to use focus groups as a means of collecting information and assessing opinions about program activities.

*Every Woman Matters* conducted 10 focus groups in the six regions of the state. Host communities were both rural and urban, and participants represented minority and ethnic populations of Nebraska, women recently screened, and women who have participated in WISEWOMAN activities.

The *Every Woman Matters* Program, utilizing approved program dollars, contracted with a firm well versed in focus group research. The contractor, in conjunction with program staff, recruited participants, developed an effective discussion guide, and facilitated the groups across Nebraska. In addition to including tobacco cessation questions, the discussion guide addressed program outreach materials, rescreening materials and incentives, and interventions. A total of 17 questions

were asked of each group, and women had a chance to comment on the effectiveness of materials that promote program activities, including those that encourage women to return for an annual rescreening. Women had an opportunity to evaluate draft materials designed to motivate them to continue using program services and to indicate which lifestyle intervention activities they found most helpful. Participants were asked to share approximately an hour and a half of their time for focus group discussion.

The responses related to tobacco cessation will help *Every Woman Matters* and the Tobacco Free Nebraska Program determine which cessation resources and activities will be most helpful to Nebraska women. The contracted facilitator engaged women in dialogue about whether they had used the Nebraska QuitLine, what other cessation resources they had used, and what services they would like to see in their communities to help them be successful with their cessation efforts.

### **Importance of Success**

A final analysis of the focus group research was completed in late fall 2004. “When we received the discussion analysis, the program looked for common themes, concerns, and suggestions to help us evaluate and improve interventions and materials,” says Cathy Dillon, the Lifestyle Intervention Coordinator for *Every Woman Matters*. “We value our clients’ input, and we are hoping they can help us identify areas where we need to make positive changes.” Results related to tobacco cessation resources and activities will be shared with the Tobacco Free Nebraska Program. As focus groups were organized and conducted, the Tobacco Free Nebraska Program was planning three conferences designed to engage communities in developing resources to help women with their tobacco cessation efforts. *Every Woman Matters* staff partnered in the conference planning process (see Success Story 12, page 41). Both partners will use the focus group research and conference outcomes to better serve women who are trying to stop smoking.

### **Lessons Learned**

- n An independent contractor is ideal for conducting focus groups. The contractor is an objective third party in the information-gathering process—someone women can speak candidly with about the *Every Woman Matters* Program.
- n Make full use of the independent contractor’s expertise. By hiring a contractor to manage the focus groups, you allow program staff to use their time to keep the program running.
- n Evaluation findings, in particular those gathered from clients, can serve to strengthen program and partnership efforts.

The logo on this page says *Every Woman Matters* above silhouettes of 4 women’s faces which are above the words Nebraska Office of Women’s Health.

**Success Story 10** *A New Leaf Helps North Carolina Women Cope with Emotional Addiction to Tobacco*

**Location** *North Carolina*

**Focus** *Help women quit smoking by addressing their physical and emotional addiction to tobacco.*

**Strategy** *WISEWOMAN staff members have used the lifestyle intervention A New Leaf...Choices for Healthy Living to guide women through the process of quitting smoking. They lead each WISEWOMAN participant through the manual step by step to help her make healthy lifestyle changes.*

**Early Successes** *The assessment tools in the New Leaf manual help each WISEWOMAN participant identify the emotional issues related to her smoking and the barriers to quitting. WISEWOMAN staff members support women who are trying to make lifestyle changes by helping them set realistic goals for improving their health and quitting smoking. Since 2000, the North Carolina WISEWOMAN program has helped 14% of its enrollees who smoke to quit using tobacco.*

**For More Information** *Carolyn R. Townsend, RN, BSN, MPH  
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## ***A New Leaf* Helps North Carolina Women Cope with Emotional Addiction to Tobacco**

Tobacco use is an integral part of North Carolina's culture.

Many North Carolina women grew up watching their mothers and fathers smoke, or worse, lighting cigarettes for parents.

Today, 27% of the women who are active participants in North Carolina's WISEWOMAN program are smokers. They often use tobacco to try to cope with stresses in their lives.

Sally, for example, is a WISEWOMAN participant who started smoking in her early 50s to

relax. She was having personal

problems and thought smoking

would help her escape feelings of depression and anxiety.

Coordinators working in WISEWOMAN clinics talk to women

every day who are physically and emotionally addicted to tobacco.

They encourage these women to quit by telling them about the state tobacco cessation QuitLine and giving them brochures on

women and smoking. Perhaps most importantly, they rely on the lifestyle intervention *A New Leaf... Choices for Healthy Living* as they coach women through the difficult process of quitting.

The first time a woman visits a WISEWOMAN clinic she gets a copy of *A New Leaf*. The manual is written for WISEWOMAN participants and is designed to be a workbook the women can use to improve their health. A WISEWOMAN staff member goes through the *New Leaf* manual with each woman to identify her current health practices and attitudes, help her make lifestyle changes one step at a time, and increase her confidence in making these changes.

WISEWOMAN staff members use *A New Leaf* to determine how ready and willing a woman is to make a lifestyle change that will improve her health. If she is a smoker, staff will use the smoking assessment tool, which is part of the manual, to find out why she smokes, when she smokes most, and any special barriers to quitting.

"*A New Leaf* is a great tool," WISEWOMAN coordinator Lori Green says. "It helps us find out if there are things going on in a woman's life that influence her smoking. Maybe she's worried she will gain weight if she quits, or maybe she's depressed, like Sally (not her real name), and smoking helps her forget about her problems for a few minutes."

"These women are dealing with a number of issues: low income, unemployment, lack of health care, and multiple health problems," Director Carolyn R. Townsend adds. "We try to be someone they can talk to about what they are struggling with. We provide information about resources that might be of help to the women."

*A New Leaf* also offers a list of quitting tips. It advises WISEWOMAN staff on how to help women set a quit date and deal with triggers to smoking. It also explains how a woman's body will change when she quits smoking, what will happen the first day, the first month, and the first year after she quits. "Sharing this information with women who smoke—even if they are at the pre-contemplative stage—it helps motivate them to quit,"

Lori says.

### **Importance of Success**

Since 2000, the North Carolina WISEWOMAN program has helped 14% of its enrollees who smoke to quit using tobacco. Sally quit smoking in April 2003 and is still enrolled in the WISEWOMAN program.

### **Lessons Learned**

n Women can get physically and emotionally addicted to tobacco. Identify ways to help them address both types of addiction.

n Women who are struggling to quit smoking need someone



to talk to about the emotional issues that may play a role in their habit. Using a structured tool can give staff a consistent way to help women set healthy goals and quit smoking. Be someone they can trust and offer them a safe time to talk about their problems.

n A well-developed lifestyle intervention that addresses the social influences of smoking can assist women in their efforts to stop smoking.

The picture on this page shows two women sitting at a desk. The caption explains that the WISEWOMAN Health Educator Belinda Branson uses *A New Leaf* manual to help North Carolina women set a quit date, deal with triggers to smoking, and understand how their bodies will change when they quit smoking.

*Success Story 10, North Carolina • 35*

### ***Success Story 11 Connecticut QuitLine Helps WISEWOMAN Program Serve Spanish-Speaking Women***

***Location*** Hartford, Connecticut

***Focus*** Remove the language barriers that prevent Latina women from having access to smoking cessation support services.

***Strategy*** The Hartford Hospital WISEWOMAN clinic refers women who smoke to the Connecticut QuitLine, where they are connected to a counselor who speaks a language and dialect they understand.

***Early Successes*** Referring women to the state QuitLine offers them free, convenient, safe, and anonymous access to smoking cessation support services. Through the QuitLine, women have access to a Quit Kit and referrals to local cessation programs or one-on-one counseling sessions. By promoting the QuitLine, the WISEWOMAN program can support Latina women in their efforts to quit smoking without increasing WISEWOMAN program costs.

***For More Information*** Christian D. Andresen

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## **Connecticut QuitLine Helps WISEWOMAN Program Serve Spanish-Speaking Women**

Connecticut's minimum wage of \$7.25 an hour attracts a large Latino population to its major metropolitan areas. Often these men and women have no health insurance or access to health care.

Almost 70% of the participants in the Hartford Hospital WISEWOMAN clinic are Latina. The clinic makes a special

effort to target Spanish-speaking women over the age of 40. Staff members at the Hartford Hospital WISEWOMAN clinic speak Spanish, but the hospital does not have enough resources to hire the additional staff needed to offer a smoking cessation program. So the WISEWOMAN clinic refers women who smoke to the Connecticut QuitLine, where they are connected immediately with a counselor who speaks a language and a dialect they can understand.

The QuitLine is part of the Connecticut Department of Public Health. To access the QuitLine, participants call 211. This connects them with the United Way's Infoline, a referral network designed to connect people in need with local, regional, or statewide agencies.

All Infoline counselors are trained as QuitLine caseworkers. The state QuitLine is an ideal resource for Latina women who are trying to quit smoking. The counselors are available by phone 24 hours a day, 7 days a week. In contrast the clinic is open only from 8:00 a.m. to 4:30 p.m., when it is difficult for many women to schedule a counseling session.

In addition, women can call the QuitLine from the safety and comfort of their own homes. Women who smoke may be ashamed to admit it or may want to talk about smoking in the context of other issues such as pregnancy or drug addiction. Calling the QuitLine guarantees them anonymity and gives them access to counselors who are trained to help people in crisis. The Connecticut QuitLine also follows up with clients after 3, 6, and 12 months.

Women who call the QuitLine receive their choice of three free services. They can get a Quit Kit of materials designed to help them quit on their own, a referral to a local cessation program, or as many as five sessions of one-on-one phone counseling.

So far the referrals and the counseling sessions are the most requested services. "They can use all three services if they need to, and if they want more counseling they can get that too—all for free," says QuitLine Manager Stacy Costello.

### **Importance of Success**

By promoting the QuitLine, the WISEWOMAN program helps Latina women quit smoking without increasing WISEWOMAN program costs.

### **Lessons Learned**

n The QuitLine offers Latina women a chance to talk about smoking in a language they understand and at a time and place of their own choosing, when they are likely to feel more at ease. In the clinic setting, nurses and doctors deal

with many different health issues in what is usually a 15-minute patient visit. The issue of smoking cessation may get lost among other concerns.

n Latina women often put themselves last when dealing with health issues. Remind women that their health is as important as that of other family members, and their health is especially important if family members depend on them.

The pull quote on this page says:

*WISEWOMAN participants  
can get a Quit Kit, referral  
to a local cessation program,  
or up to five one-on-one  
counseling sessions.*

*“They can use all three  
services if they need to, and if  
they want more counseling, they  
can get that too—all for free.”*

—Stacy Costello

Connecticut QuitLine Manager

*Success Story 11, Connecticut • 37*

## ***Building Partnerships***

The picture on this page is of two women in jogging clothes taking a brisk walk.

***Success Story 12*** *Conferences Unite Communities to Raise Women’s Awareness of Smoking Risks*

***Location*** *Scottsbluff, Nebraska*

***Focus*** *Develop community resources throughout Nebraska that will help women quit smoking.*

***Strategy*** *The WISEWOMAN program collaborated with Tobacco Free Nebraska and the Comprehensive Cancer Control Program to host a series of conferences to increase community awareness of tobacco-related health risks and engage community agencies in addressing smoking cessation. The first conference was held in Scottsbluff.*

***Early Successes*** *The conference mobilized the Scottsbluff community to create an advocacy network committed to preventing tobacco-related cancer.*

*The event also provided a valuable networking opportunity for both individuals and organizations and inspired community members to develop a public education campaign to highlight the health risks associated with tobacco use.*

*Seventy people attended the first Scottsbluff conference, and the community plans to host a second conference in 2005 in order to continue efforts to address health risks related to smoking and develop resources to help people quit. Two other conferences*

*were held in 2004: one in Kearney and one in Columbus.*

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## Conferences Unite Communities to Raise Women's Awareness of Smoking Risks

After funding for the state's QuitLine ran out at the end of June 2004, the Nebraska WISEWOMAN staff knew they needed a new way to promote cancer and tobacco awareness. They needed to develop cessation services for their participants who smoked. They turned to public health organizations and local communities for help in developing resources to help women become advocates for tobacco control. The WISEWOMAN program partners with more than 600 private clinics in Nebraska.

The WISEWOMAN program teamed up with Tobacco Free Nebraska and the Comprehensive Cancer Control Program to pilot Women, Tobacco & Cancer conferences in three rural Nebraska locations. The goals were to increase community awareness about the cancer risks associated with tobacco use and secondhand smoke and to engage community agencies in efforts to help women quit smoking. Tobacco Free Nebraska provided funding for the conferences and coordinated all activities. Together the organizations publicized and recruited attendees.

WISEWOMAN staff helped choose the conference locations. "We were looking for sites with strong WISEWOMAN clinics, a large number of WISEWOMAN participants, and strong Tobacco Prevention and Comprehensive Cancer Control Board coalitions," WISEWOMAN Director Melissa Leyboldt says. Scottsbluff was an ideal first choice because of its wellrespected cancer hospital, Regional West Medical Center. Plus

the Tobacco Prevention Coalition is active in the community, and a large number of WISEWOMAN participants live in Scottsbluff and nearby Gering and Terrytown. Most importantly, the community wanted to host the conference.

The conference was planned for April 2004. In mid-January, Tobacco Free Nebraska began seeking support from programs such as the Tobacco Prevention and Control Coalition; the Health Department; the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); the Minority Health Coalition; the University of Nebraska–Lincoln Extension; and the Regional West Medical Center Cancer Program. WISEWOMAN helped develop a conference agenda that would attract both community organizations and individual women living in and around Scottsbluff. They planned for speakers to make educational presentations in the morning, whereas the afternoon would be devoted to brainstorming sessions. This format would allow participants to discuss ways to reduce tobacco use and advocate for cancer prevention. Dr. Tom White, a lung cancer surgeon at the medical center, agreed to make a presentation, and Joyce Urbon, a cancer survivor and comedian, signed on to be the keynote speaker.

It was not difficult to let community organizations know about the conference, but getting the word out to women living in and around Scottsbluff was a challenge. Tobacco Free Nebraska purchased an ad in the local newspaper and asked all the partners to pass out flyers that advertised the event. Conference planners agreed the event would be successful if at least 20 to 30 local people attended. They were thrilled to welcome 70 people from Scottsbluff and the surrounding area to the event. Thanks to the support of the hospital and the partners, the cost of hosting the conference totaled less than \$1,000.

### **Importance of Success**

The conference provided a valuable networking opportunity for both organizations and individuals. Staff from agencies that had never before worked together learned about each other's programs. People working with programs designed to reach minorities met some of the women they hope to serve and gained a greater understanding of the need for disease prevention.

As a result of the brainstorming session, the conference participants agreed to work with public schools to increase education about the link between tobacco and cancer. They also decided to work together to develop and deliver a common message about the health risks associated with tobacco use to the community.

“Bringing all the folks together from the community, not just the medical agencies, has created a great basis for establishing a network of advocates for this community,” Dr. White says. “There is no greater method of getting the prevention message out to people than having community members talking to each other.”

Members of the Scottsbluff community plan to host a second conference in 2005. Until then, they will continue building networks and planning advocacy activities related to cancer, smoking, and secondhand tobacco smoke. They expect to have as many as 150 people working on this advocacy project in the future. Two other conferences were held in 2004: one in Kearney, in Southcentral Nebraska, and one in Columbus, in Northeast Nebraska.

### **Lessons Learned**

n Build partnerships when planning labor-intensive events. The collaboration helps divide the workload and increases the likelihood of success.

n Persuade partners to commit to a project early in the planning process. While contacting people by phone or e-mail may be more efficient, having at least one face-to-face meeting with the partners can encourage them to buy into the project more readily.

The pull quote on this page says:

*“There is no greater method of getting the prevention message out to people than having community members talking to each other.”*

—Tom White, MD

**Lung Cancer Surgeon**

**Regional West Medical Center**

*Success Story 12, Nebraska • 41*

### **Success Story 13** *March of Dimes Funding Helps Michigan Women Quit Smoking*

**Location** *Menominee and Delta Counties, Upper Peninsula, Michigan*

**Focus** *Develop resources to support women who want to quit smoking.*

**Strategy** *Public Health Delta and Menominee Counties partnered with March of Dimes to obtain grant funding for a variety of tobacco treatment services, including a smoking cessation resource guide, a smoking cessation support group, and a smoking cessation class to benefit WISEWOMAN participants.*

**Early Successes** *Many new partnerships will result from this collaboration. Local health care providers will soon have smoking cessation programs to which they can refer women. The grant also has provided funds for training local health department staff to use the 5 A's, so that health care providers throughout this tight-knit community will learn from others who use this counseling technique.*

*The smoking cessation resource guide has been completed, and plans are being made to host the 5 A's training for all nurses and supervisors who work with clients. The first smoking cessation support group is planned to start in winter 2005.*

**For More Information** *Renee Barron, BS*  
*WISEWOMAN Project Coordinator*

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## March of Dimes Funding Helps Michigan Women Quit Smoking

In Michigan's Menominee and Delta counties, about 25% of women smoke. Alarming, the rate of smoking is even higher among pregnant women in this two-county region. This section of the Upper Peninsula is rural, and the average income is around \$18,000. When the WISEWOMAN program started here, there were programs in place to address alcohol abuse and promote active lifestyles, but no program existed to help women quit smoking.

"If a woman said she wanted to quit, all we could do was hand her a Quit Kit and wish her luck," says Renee Barron, the WISEWOMAN coordinator from Public Health Delta and Menominee Counties. "We needed to find a way to support these women."

To meet this need, WISEWOMAN formed a partnership with the local Community Tobacco Reduction Coalition (CTRC), which offers programming in both Delta and Menominee counties. Together Renee and CTRC Coordinator Lynn Hill submitted a grant proposal to the March of Dimes Michigan chapter for funding to accomplish five objectives:

- n Create a smoking cessation resource guide.
- n Offer the 5 A's (Ask, Assess, Advise, Assist, and Arrange) at clinics that serve women.
- n Develop a smoking cessation support group and a smoking cessation class.
- n Work with local media to support the grant efforts.
- n Support efforts to reduce secondhand tobacco smoke.

The March of Dimes awarded the grant to help reduce the number of pregnant women who smoke in Menominee and Delta counties. And while the grant will specifically target pregnant women—who are usually younger than WISEWOMAN participants—the partnership guarantees that all

services will be open to WISEWOMAN participants as well.

"Many issues overlap for these two populations," Renee says.

"Lynn is working to raise awareness of the dangers of secondhand smoke, and WISEWOMAN participants will benefit from this education too. Many are exposed to it, or they are exposing their children to it. Talking about quitting is an ideal time to talk about secondhand smoke."

The organizations have completed the cessation resource

guide, and now they are working on the next stage of the project: implementing the 5 A's. Together the two programs will sponsor 5 A's training classes, which will teach all local health department nurses and supervisors to use the method. "We want anyone who works with clients to learn how to do this," Renee says. "Once we get these people trained, we'll be assessing each and every client we see with respect to tobacco use."

WISEWOMAN participants will be assessed, then referred to either a smoking cessation class or a smoking cessation support group, depending upon which is appropriate. Women interested in one-on-one phone counseling are referred to the Michigan Tobacco QuitLine.

Renee and Lynn are in the process of planning for their smoking cessation support group, and they hope to host the first one in winter 2005. Because they know that the cost of childcare and transportation might prevent some women from participating, when they reapply to the March of Dimes for funding, these costs for women attending the support group meeting will be addressed.

### **Importance of Success**

WISEWOMAN participants will soon have resources available to help them quit smoking. The addition of the support group and cessation class will be a boon for the community health care providers.

"They have been frustrated by the lack of resources, and we know they will be happy to have a program they can refer patients to," Lynn says.

Renee hopes that once the local health department staff members learn to implement the 5 A's, they will inspire other programs in the community to use the counseling method.

### **Lessons Learned**

n You can extend the reach of your program by building partnerships with health organizations that target women and then identifying overlapping health issues.

n Practice being responsible to people, not for people. Realize you cannot make someone do something they do not want to do, no matter how good it is for them. Help WISEWOMAN clients make a choice—even if it is just to cut back on their smoking—then support them and their decision and encourage them to quit completely at a later date.

n Creating an effective new program takes planning. Make the time to map out how the entire program will work and partner with organizations such as the March of Dimes that might provide the funding and staff you need to make each stage successful.

The logo on this page is a drawing of the state of Michigan with a heart in the middle of the state and the word WISEWOMAN beneath the state.



## Appendixes

The picture on this page shows a smiling woman with her foot on a bench stretching her leg.

### Appendix A

#### **Writing Your Own Success Stories**

*If you plan to collect your own success stories, here are some suggestions to help you through the process.*

**1. Decide what major points you want to emphasize, and create a form to collect the data you need.**

*Rather than reinvent the wheel, you can use an existing form and adapt it to capture the kind of information you want. We adapted our form from the original form (see form on page 48) used in WISEWOMAN Works: A Collection of Success Stories from Program Inception Through 2002. Our original form was modeled after the one used to collect data for the Community Change Chronicles, created by the Cardiovascular Health Program at the North Carolina Department of Health and Human Services. We also used their story template as a model for ours.*

*If you want to highlight any special themes (for example, partnerships, incentives, or cultural adaptation), make sure your form will capture this information. You will then be able to target your stories and organize them around these themes. This method will also help if you are interested in designing a qualitative research study to identify the major components of programs that work.*

**2. Invite people in the field to nominate ideas for success stories, and then begin collecting data and writing the stories.**

*Send your data collection form to people who might want to nominate and submit stories. We worked closely with the contributors to write each story. This process involved interviewing the contributors and other staff. To be consistent, we used the same template when writing each story (see page 47).*

**3. Use pictures and quotations from women whenever possible.**

*Pictures and quotations help others see the human side of your program and the real people who are involved. Pictures also draw people to read your story and break up text, making it interesting and easy to read. You can use pull quotes—an enlarged quotation highlighted on a page—to summarize key ideas or provide powerful words from women and other stakeholders. Make sure that everyone whose full name is used or who provided a quotation or appears in a picture has signed a talent and consent waiver form.*

**4. Plan ahead to allow enough time for people to review and edit the success stories.**

*Make sure that everyone who contributed to the book has an opportunity for input, so that they will feel good about the final product.*

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#### **Template**

##### **Title**

*Whenever possible, use your program's name in the title, as we did with WISEWOMAN. Your title should depict the main theme of your story. You can also use a subtitle to provide additional*

*details about the program or the women your program is geared to reach.*

**Statement of Need**

*Begin each story with a statement of need explaining what public health problem or need your efforts are addressing. Keep it brief but compelling.*

**Program Details**

*Provide details about the process—how the project went about achieving success, who was involved, how long it took, funding sources, and costs, when applicable. Here, you can also indicate the level of change (individual, interpersonal, community, or organizational) and the type of strategy (for example, developing culturally appropriate materials or forming partnerships).*

**Footer**

*You can use a footer to identify your success stories by number and to give the name of the state or agency leading the project.*

**Lessons Learned**

*Identify key elements that made this accomplishment happen. Also suggest ways for using this idea in the future. You could offer advice for others who want to use these ideas in their own settings, or say what you would do differently the next time if you had it to do all over again. The lessons learned are intended to report what worked and what did not work in order to help others replicate your success.*

**Importance of Success**

*In this section, summarize the main outcomes—the results of your efforts, the public health impact, new partnerships that have been formed, or new processes instituted. Here, you can also mention future directions for your program and how your accomplishment might strengthen public health activities in the future.*

***Form Used to Collect Information for This Book***

***CDC/WISEWOMAN Smoking Cessation Success Stories***

*Information Collection Tool Designed to Capture Success Stories in WISEWOMAN Projects That Have*

*Experienced Successes on Various Levels, April 2004*

*The North Carolina initiative Start With Your Heart and the Physical Activity & Nutrition Unit have generously*

*allowed CDC's WISEWOMAN Program to expand their format to assist in assembling success stories for*

*possible use by CDC's WISEWOMAN Program.*

**Background/Purpose:** *The WISEWOMAN Program Staff have begun a process of writing WISEWOMAN*

*Success Stories focusing on smoking cessation based on successful planning, development, and implementation*

*of the WISEWOMAN Program smoking cessation activities. This tool allows you to give us information in*

*a uniform way so that success stories can be written and shared. Success stories can focus on quitlines,*

*outreach, behavior change, culturally appropriate material development, innovative educational methods,*

*access, partnerships, or related topics.\**

*After submitting this form, an article describing your success will then be composed by our staff.*

*The final*

*success story will be one page or less. Contributors will be able to proofread the final draft of the success*

*story before it is printed. Final success stories will be published as WISEWOMAN Success*

*Stories. Please*

**submit your Success Story to the e-mail address or fax number listed below.** *If you have*

*questions*

*in filling out the following table, please contact Patricia Poindexter, whose contact information is at the end*

*of this document. Thanks for taking the time to share your success with others!*

**Description of category**    *Please type your response in the column next to the category*

**Proposed Headline:**

*Good headlines are short, direct, and sum up the benefits of your project for the reader (Example: WISEWOMAN Program Promotes Tobacco-Free Women and Families).*

**Contact Name (Name, Title):**

**Organization/Employer:**

**Contact Information:**

*Address:*

*City, State, Zip:*

*Phone:*

*Fax:*

*E-mail:*

*Best time to call:*

*Dates you will be unavailable (e.g., vacation):*

*Please designate another person who could respond to questions when you are unavailable.*

*Information Collection Tool Designed to Capture Success Stories in WISEWOMAN Projects That Have*

*Experienced Successes on Various Levels, April 2004*

*The North Carolina initiative Start With Your Heart and the Physical Activity & Nutrition Unit have generously*

*allowed CDC's WISEWOMAN Program to expand their format to assist in assembling success stories for*

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*story before it is printed. Final success stories will be published as WISEWOMAN Success*

*Stories. Please*

***submit your Success Story to the e-mail address or fax number listed below. If you have***

***questions***

***in filling out the following table, please contact Patricia Poindexter, whose contact information is at the end***

***of this document. Thanks for taking the time to share your success with others!***

*\* Use this designation if you are describing cultural adaptation of materials, empowerment, social justice, or other strategies used to reach women.*

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**Description of category    Please type your response in the column next to the category**

**Alternate Contact Name (Name, Title):**

Phone:

Fax:

E-mail:

**Focus or Theme:**

*Some possible themes might be promoting quit lines, outreach, behavior change, culturally appropriate material development and dissemination, innovative educational methods, access, partnerships, or related topics.*

**Point of View:**

*Point of View should be the person/people who were helped most by the work you're telling us about. It may also be the person/people who can best tell us about this work. The point of view for each success story can range from that of the participant, her family members, friends, or other persons of influence to that of the project partners or WISEWOMAN project staff/director.*

**Audience(s) for the Success Story:**

Please identify the target audience(s) that the success stories are written for. This is also referred to as the intended audience or the person/people who will benefit most from reading the story.

- \_\_\_ Women in the community
- \_\_\_ Other WISEWOMAN or related programs
- \_\_\_ National, state, or local decision-makers
- \_\_\_ Partners/collaborators
- \_\_\_ Scientific community
- \_\_\_ Health care providers
- \_\_\_ Practitioners
- \_\_\_ Other: \_\_\_\_\_

**Type of Success:**

Successes can be grouped into one of the following levels:

n **Organization Level (OL)**—New or enhanced organization supports in the form of training, protocols, and guidelines; informal practices; decisions or incentives by organizations that support smoking cessation and smoke-free air.

Examples: Overcoming barriers to getting an intervention implemented; strategically integrating smoking cessation protocol office-wide or implementing protocol to refer tobacco users to the toll-free quit line.

n **Community Level (CL)**—New or enhanced community support services in the form of training, protocols, and guidelines; informal practices; decisions or incentives by communities that support healthy behaviors, smoking cessation, and smoke-free environments; new or enhanced support services for smoking cessation. Examples: Partnering with local tobacco control coalitions to raise awareness about cessation services and promote quitting; partnering with others to provide participants with discounted or free cessation pharmaceuticals.

**The success story I am submitting is an example of (check 4 one):**

- n OL
- n CL
- n IL
- n IPL
- n Strategy

**Not sure which type of success your story relates to?  
Contact us before proceeding.**

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**Description of category    Please type your response in the column next to the category**

n **Individual Level (IL)**—Programmatic efforts directed toward the participant to give her opportunities to increase her knowledge, attitudes, or skills and improve her health or quality of life; testimonials from women impacted by the WISEWOMAN project. Example: Identifying a woman who you assisted in quitting, either by providing the counseling or by referring her to the free cessation quit line for counseling.

n **Interpersonal Level (IPL)**—Testimonials by persons of influence; programmatic strategies such as social supports

(group process), family or peer supports incorporated in activities or interventions. Example: A project champion starting a buddy program or support group.

**Location of Success:**

Please identify the setting (e.g., community, health care setting, worksite), agency, town, and county where activity took place.

Setting:

Agency:

Town:

County or Counties:

**Identify one person associated with the program you want us to interview who can describe the program/project.**

Name:

Phone:

E-mail:

**Process of Creating Success:**

Please write 1 or 2 paragraphs describing (if available):

n The background, need (various levels), and opportunity.

n How you went about your project or activity.

n Who was involved.

n The length of the process.

n Estimated costs and funding source(s).

n Partners involved.

n Problems, barriers, or challenges encountered, and how you overcame them.

The more details provided (in sequence of time), the better.

**Key Results/Importance of Success:**

Please write 1 or 2 paragraphs describing (as appropriate):

n What happened as a result of your activity.

n What is the public health impact of the change.

n What new partnerships have been formed or new processes instituted, and how might that be helpful in the future.

**Quote from a Partner or Participant Positively**

**Impacted by This Project (if applicable):**

This might be the person listed in the Point of View section.

It could also be someone else who can talk about the success you're describing.

This may be used in the final article. Please provide the person's full name and the organization/group they represent.

**Reach/Impact of Success:**

Who/how many people are benefiting or could potentially benefit from this project/effort (e.g., residents of \_\_\_\_ county; number of employees, residents).

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**Description of category**    *Please type your response in the column next to the category*

**Lessons Learned/Practice Pearls/Best Practices/**

**Success Factors:** (Please try to limit to 3 "lessons")

**What...:**

n Key elements made this a success?

n Tips do you have for someone trying to use/adapt your idea in their community or program?

n Would you do differently next time?

**Date Submitted to CDC:**

**Photo(s) of Project:**

Please identify if you have any photos of your project that can be sent electronically.

n Yes

n No

**Release:**

Has the person(s) featured in the picture signed the release form?

n Yes

n No

**By submitting this document, I grant permission to the Centers for Disease Control and Prevention/WISEWOMAN Program**

**to possibly use this success story in written materials or presentations as long as credit is given to the source. I have read**

**and agree with all of the information provided above.**

If choosing to submit this document electronically via Microsoft Word and e-mail, please use your proposed abbreviated headline

(state abbreviation) to name the file.

**Please return this form by any of the following methods of transmittal by May 24, 2005, to Patricia Poindexter, CDC/WISEWOMAN (Phone: 770-488-3093):**

**via e-mail (preferred):**

pxp1@cdc.gov

**via fax:** 770-488-6027

**via mail:**

Centers for Disease Control and Prevention

4770 Buford Highway, NE, Mailstop K-26

Atlanta, GA 30341-3724

**For Staff Use Only**

Use the column next to the information needed

Received on:

Method of transmittal (i.e., e-mail, fax, or mail):

Checked in by:

Routed to:

Routed on:

Draft of article completed by:

Draft of article completed on:

Contributor of Success Story contacted by:

Contributor of Success Story contacted on:

Additional follow-up needed:

Final draft of WISEWOMAN Success Story completed by:

Final draft of WISEWOMAN Success Story completed on:

Final WISEWOMAN Success Story sent to author on:

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**Reaching Different Audiences**

You can use the information from one story and adapt it to reach a different audience. For example, your original success story might be geared to reach women you want to enroll in a program. The purpose of that original story would be to help women eligible for WISEWOMAN identify with a participant who took advantage of WISEWOMAN and became a project leader. By using the same information but different photos or pull quotes, you could create another version that highlights the benefits of the program for staff. Your target audience might include health care providers or staff members. The chart below shows how these two versions would differ.

## Differences Between the Two Versions

**Original version - Intended audience:** Women participating in the WISEWOMAN project.

**Another version - Intended audience:** Health professionals.

**Original version - Center graphic:** Photo of woman in the WISEWOMAN program.

**Another version - Center graphic:** Photo of program staff.

**Original version - Content and language:** Less text is used; benefits are highlighted. This story should be written at the 8th-grade reading level.

**Another version - Content and language:** Background information about the project is given; technical language is used. This story can be written at a higher grade level.

**Original version - Lessons learned:** The focus is on why women should participate in WISEWOMAN.

**Another version - Lessons learned:** The focus is on key elements of a successful project.

**Original version - Uses:** Recruit and provide outreach; offer incentives for women to join and participate in WISEWOMAN.

**Another version - Uses:** Develop new programs; train staff; share lessons learned.

## Conveying Different Messages or Themes

You can also repackage a success story to convey an entirely new message that differs from your original theme. For example, your original success story might emphasize how to reach women in rural areas. You could write a second version that highlights your program's success in bringing together various community partners and pooling resources in a rural community.

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## Appendix B

### Resources

**[www.smokefree.gov](http://www.smokefree.gov)**

This site provides *You Can Quit Smoking Now!* information from the federal government. It includes an online guide to quitting, instant messaging with an expert from the National Cancer Institute, details of how to get free telephone support in quitting, and free materials to help tobacco users quit.

**[www.cdc.gov/tobacco](http://www.cdc.gov/tobacco)**

*TIPS* for kids, for teens, for adults...for everyone includes some quick tobacco information and links. Available at the site are a Cessation Resource Center; a publications catalog; Surgeon General's reports on tobacco; guides to help tobacco users quit; and free



education materials for parents, educators, professionals, youth leaders, and employers. Also offered at the site are the Taking Action Against Secondhand Smoke online toolkit, links to the Media Campaign Resource Center, and a free poster, among other items.

**[www.ctcinfo.org](http://www.ctcinfo.org)**

This Center for Tobacco Cessation site offers 5 things you can do if you are a clinician, an employer, a public policy maker, a health care provider organization leader, a smoker, or a friend or family member of a smoker. For each of these roles, the site presents excellent lists on how to help people quit using tobacco.

**[www.hpd.unc.edu/wisewoman](http://www.hpd.unc.edu/wisewoman)**

This site provides information about the lifestyle assessment and intervention program for cardiovascular disease risk reduction, A New Leaf... Choices for Healthy Living, from the University of North Carolina at Chapel Hill, Center for Health Promotion and Disease Prevention.

**<http://www.surgeongeneral.gov/tobacco>**

Many free resources are available at this U.S. Department of Health and Human Services site, including Treating Tobacco Use and Dependence: A Clinical Practice Guideline and Treating Tobacco Use and Dependence: Quick Reference Guide for Clinicians.

**<http://www.americanlegacy.org>**

This site provides a wealth of resources and information about the American Legacy Foundation, which is dedicated to building a world where young people reject tobacco and anyone can quit.

**<http://www.trytostop.org>**

The Try to Stop Resource Center provides information about smoke-free workplace laws; support networks; links to other sites dedicated to smoking cessation; and facts about cigarette ingredients, other tobacco products, and secondhand smoke.

**1-800-QUIT-NOW**

This toll-free number routes callers to free cessation services that include information and phone counseling. Anyone in the United States can call.

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The map of the United States is pictured on this page with stars in each of the 15 WISEWOMAN projects including the two projects in Alaska.

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February 2005

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